UW Medicine

Supplementary Text S1. Sample Personal Protective Equipment conservation policy.

Context: With the expanding COVID-19 pandemic, all must take extraordinary measures to conserve personal protective equipment (PPE) while maintaining commitment to patient care, staff wellbeing, and our mission.

The following PPE conservation policy is based on clinical stakeholders and issued guidance across the spectrum of local, state, and federal governmental agencies.

Definition of PPE: masks, masks with faceguard, face shields, goggles, PAPR, CAPR, gowns, surgical gowns, surgical masks.

GENERAL POLICY ON PPE CONSERVATION

1. Each facility will maintain strict control of access to all PPE.
2. A daily inventory of all PPE items will be performed and reported to leadership to monitor quantities on hand, usage rates, etc.
3. A log of items to track all PPE items issued to specific floors/units issued should be maintained. The log will be reviewed daily and any sudden increases should be alerted to the DNS and administrator.
4. All PPE supplies will be secured in a designated location and allocations to units and individuals will be logged and monitored.
5. The facility will follow federal, state, and/or county guidelines related to visitation policies. Policies should be developed and applied to vendors, valet and any other persons who enter the building.
6. All simple mask ("yellow masks") for visitors are to be removed from public areas. Masks are to be available to provide to symptomatic patients and visitors upon check in at entry points.
7. Simple masks need to be placed in a secure and monitored site and then secured when the boxes are not being attended.
8. For visitors, inquire if they have access to their own PPE when they come and visit. For visitors not excluded by the visitation policy, provide appropriate PPE/masks upon check in.
9. Consider talking with the patient via alternative modes of communication, such as by phone or video chat; and donning PPE for the physical exam and any other interactions that require direct contact.
10. For patients in precautions, ensure that care is combined to minimize in and out of room to preserve PPE supplies. Utilize team members outside of patient care spaces to obtain and to deliver forgotten or needed patient care items.
11. PPE will not be worn by employees outside of appropriate indications in the clinical/room cleaning setting.
12. No PPE may be removed from the facility unless used for the care of patients.

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Supplementary Text S2. Sample nasopharyngeal swab protocol.

Purpose: To outline the procedure to obtain nasopharyngeal (NP) swab specimens for respiratory infection testing

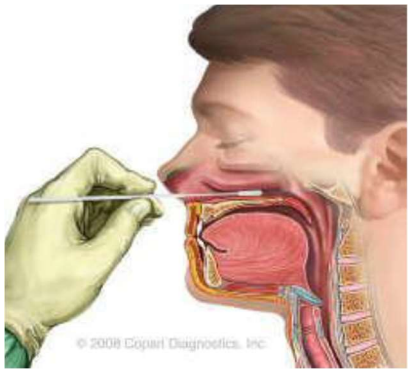
Collecting NP swabs is an important tool in the diagnosis of a variety of upper and lower respiratory tract infections including influenza, respiratory syncytial virus (RSV) and SARS-CoV-2 (COVID-19 virus). The quality of the specimen collection is critical, and the correct collection of the specimen is directly linked to the sensitivity of the test.

Materials:
For respiratory viruses- universal transport media (UTM) with flexible (HMC, MS#51264) or standard (UWMC) Minitip FLOCKED swab.

- Use this swab for any viral respiratory test (for example, influenza)
- Check expiration date prior to use
- Do NOT use bacterial flocked swabs

Procedure:

1. Ensure that all infection prevention & control steps are followed including:
    a. Hand hygiene before and after the procedure and before and after the patient encounter.
    b. Follow isolation status of patient. Minimum PPE includes mask, eye protection and gloves, but should be expanded to gowns for inpatients given likely higher burden of virus.
2. If the patient has nasal congestion or a moderate-large amount of rhinorrhea, ask them to clear their nose into a tissue.
3. Apply the label to the UTM tube.
4. Tilt their head back slightly and ask them to close their eyes, if possible.
5. Insert the Minitip flocked swab into the nostril PARALLEL to the palate until resistance is met by contact with the nasopharynx.
6. Leave swab in place for 2-3 seconds then rotate completely around for 10-15 seconds. Note: Although not painful, patients generally feel very uncomfortable with this procedure. Be prepared for them to pull their head and/or body away. This procedure may also generate a cough so prepare to move to the side if possible, especially after completing the process.



7. Remove swab and repeat the same process in the other nostril with the same swab.
8. After the second swab is completed, immediately place into the sterile vial containing the universal transport media. The shaft of the swab is snapped off at the red line. This line usually aligns with the length of the swab that can fit into the tube.
9. Ensure that cap is closed tightly
10. Place the tube into a biohazard bag with an absorbent cloth (comes with the swab package and follow protocol for delivery at your facility.

UW Medicine

Supplementary Text S3. Sample protocol for testing in tandem in post-acute care and assisted living facilities.

Goal: Work in teams of two to conserve PPE and prevent contamination.

Preparation

- **Team members:** Assign one "hot" person and one "clean" person.
- **Preferred attire**: Scrubs, hair tied back or covered. No watch, jewelry or badges, and keep cell phones in pocket.
- **Identification and tracking:** Labels should be pre-printed with required identifiers. There is no need to handwrite on labels or note the time or date. After identifying the resident, label the vial outside the room. For older residents, especially if sharing a room, check a bracelet or name tag to positively identify the resident.
- **Route planning:** Teams of 2 will go down the hallway with labels for each resident to be tested, and choose a route based on the layout to minimize distance traveled.
- **Materials needed**: Cart with gloves, gowns, hand sanitizer, specimen bags, and a container for collected specimens. Have a red plastic bag for contaminated gear available nearby (a rolling garbage works well, but a can/box that can slide along the floor, or a red bag carefully attached to the cart, are also acceptable).
- **PPE**: Both people put on full PPE according to protocol with mask and eye shields, then gown and glove. Partner inspects you to be sure that gear is in place.

Sampling Protocol

1. The "hot" person, will enter the room, collect the swab, then when finished call to the partner. If residents are sharing a room, consider carefully whether gowns need to be changed between residents – an option is to conserve a gown by testing both residents in one room while wearing the same gown; this option would not be advised with any obvious contamination of the gown.

2. The "clean" person outside the room will open the door and hold open the specimen bag and the "hot" person from inside the room will drop the collected specimen into the biohazard bag.

3. The "clean" person will seal the specimen bag and perform hand hygiene (HH) and replace gloves. (this keeps the outside of the specimen bag clean). If any concern, can double bag, but this is not necessary if no contamination.

4. Taking their time, the hot person will come into the hallway. The "clean" person will observe the "hot" person doff their gown and gloves into a red waste bag. Ball the gown and gloves up tightly before disposing, to control gown ties and avoid touching your cart or partner. Watch carefully to be sure that the face shield/mask are not touched. The hot person will perform HH.

5. When putting on a new gown, rip the neck loop or hand-tie gowns around the neck to avoid the new gown having any contact with the now-hot mask or shield.

6. The goal is to preserve the mask/shield/goggles on between rooms, and only the "hot" person changes their gown and gloves between rooms. If the "clean" person became contaminated by the "hot" person or another object, then they would doff and put on clean gear as well with the partner observing. The "clean" person can wear the same mask, shield, and gown the whole time unless they touch it or have a contamination event.

Created by: Alison Roxby, MD, MSc